

Rhode Island Injury Advisory Council

Rhode Island Department of Health

Safe Rhode Island Program

FINAL REPORT

March 1, 2005



FOREWARD

Injury is the leading cause of death for Rhode Islanders ages one through 44 as well as the most common cause of hospitalizations for persons under the age of 40. The financial costs of injuries are staggering - injuries cost billions of dollars in health care and social support resources. In the United States in the year 2000, the total cost (in 2003 dollars) of hospitalized and fatal injuries combined based on incidence was \$1.1 trillion. Hospital injuries are 53% of the 943.6 billion, and fatal injuries are 47%. (Please note non-admitted injuries are not included in the \$1.1 trillion). In 1999-2002, there were 1,849 fatal injuries, or an average of 462 fatal injuries per year in Rhode Island. The average annual cost of fatal injuries alone was over \$1.3 billion. The average cost per case for each fatal injury was \$1.8 million. This breaks down as follows: medical \$11.5 thousand; productivity \$964.7 thousand; and quality of life \$807.5 thousand (Children's Safety Network: Economic and Data Analysis Resource Center February 2005). These estimates do not include the emotional burden resulting from the loss of a child or loved one, or the toll of severe disability on the injured person and his or her family.

Unlike some other public health prevention activities where monitoring, intervention and evaluation occur primarily within the health system, injury prevention involves education, social services, law enforcement, criminal justice, mental health, housing and many other sectors, not to mention the important role of community-based coalitions and organizations.

Over the past two years Patricia Nolan, MD, MPH, Director of Health, worked with the Division of Disease Control Office of Health Promotion through the Safe Rhode Island Program to enhance our efforts in injury control, addressing two of Rhode Island's 2010 leading health indicators. A process was established to assess injury issues in Rhode Island from a public health perspective, using data to set priorities, linking injury prevention and control to the development of Rhode Island's Trauma System, and assessing our internal capacity to prevent and control injuries.

Dr. Nolan recruited and chaired a "Blue Ribbon Committee", the RI Injury Advisory Council, to set the priorities for public health work in injury prevention and control. The members of the council were chosen because of their high profiles and leadership in the state and their interest in some aspects of injury prevention and control. They are First Lady Suzanne O. Carcieri, Trudy Coxe of the Preservation Society of Newport County, former State Senator Thomas Izzo, Attorney General Patrick Lynch and Dr. Pablo Rodriguez, Chairman of the Board of the Rhode Island Foundation. After reviewing the data on injuries, the Advisory Council recommended three priorities: motor vehicle crash injuries, falls and suicides. They charged three task forces of local experts to refine the priorities and develop objectives and recommendations. The Advisory Council met on September 21, 2004 and January 27, 2005 to review and approve recommendations of the Task Forces.

The report of the Injury Advisory Council provides priorities, target populations and measurable goals for the prevention of motor vehicle/ transportation injury, fall injury, and suicide, and

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identifies task forces of interested and excited community partners to work with. These priorities and goals are already having an impact on Rhode Island's injury prevention and control effort.

- The Attorney General's Task Force is moving motor vehicle/transportation injury prevention recommendations on impaired driving forward. The Department of Transportation's Office on Highway Safety and the Bicycle and Pedestrian Safety program are also promoting those recommendations.
- Mental Health, child protection, and substance abuse communities are key partners in suicide prevention and are promoting suicide prevention strategies. The RI Training School is implementing some of the youth suicide recommendations with its gatekeeper training initiative.
- Fall prevention is focused on the elderly, with the Office of the Lt. Governor Long Term Care Coordinating Council (LTCCC) and Department of Elderly Affairs most committed, as well as the University of Rhode Island pharmacy, physical therapy, nursing and exercise science. The LTCCC and URI have begun implementing some of the falls recommendations by providing professional development opportunities for elder health care providers since 2004.

ACKNOWLEDGMENTS

The Advisory Council would like to acknowledge the Rhode Island Department of Health's (HEALTH) Safe Rhode Island staff support in facilitating the planning process. Special recognition and thanks should be made regarding the efforts taken in briefing Task Force participants for their well-prepared and forthright presentations and well-organized, comprehensive briefing material provided to the Advisory Council.

USE OF THE STATE PLAN

The goals, objectives, and recommendations will be used by the Department of Health, Safe Rhode Island and all agencies and individuals in Rhode Island working to decrease the burden of injury in our state. The contents of the plan may in whole or in part, be reproduced, copied, disseminated, entered into a computer database, or otherwise utilized, in any form or by any means. For more information, please contact Safe Rhode Island at 401-222-7627.

3/1/2005

This report was developed by the Injury Advisory Council with the input of many Rhode Islanders. We appreciate their diligence and energy in helping shape priorities for injury prevention and control. Advisory Council members endorse the recommendations herein.

Patricia A. Nolan, MD, MPH

Suzanne O. Carcieri

Trudy Coxe

Thomas Izzo

Patrick Lynch

Pablo Rodriguez, MD

EXECUTIVE SUMMARY

The Rhode Island Department of Health (HEALTH) is committed to protecting and promoting the health and safety of the people of Rhode Island (RI) as evidenced by its mission and vision statements. HEALTH demonstrated this commitment by obtaining federal funding to establish an injury prevention program. This program, now entitled Safe Rhode Island (SRI), has been maintained through periods of no federal funding. Additionally, HEALTH has identified unintentional injury and violence prevention as a priority by adopting it as one of 10 leading health indicators to improve the health of Rhode Islanders by the year 2010, reflecting the fact that injury is the leading cause of death for Rhode Islanders under age 45.

HEALTH leadership recognizes that the development and implementation of strategies and action plans can increase years of healthy life and positively impact the quality of life of Rhode Island residents. In October of 2003, Director of HEALTH Patricia Nolan, M.D., convened a Blue Ribbon Panel to determine priorities and strategies for preventing injuries and to guide the development of a statewide injury prevention plan. The following are priority objectives identified within each injury area:

I. Motor Vehicle/Transportation Injury Prevention Task Force Recommendations:

Goal:

Reduce deaths and injuries caused by motor vehicle crashes.

Key Groups:

Males 16-34, Senior Adults, and Minorities

Objective 1 (Occupant Protection): Increase the percentage of people who always use safety belts and the percentage of children using age-appropriate child restraints and seated in the correct position in a motor vehicle.

Engineering (i.e., environment and products)

1. Encourage the use of state-of-the-art technology in highway and motor vehicle design.

Education & Training

2. Provide community-wide information and enhanced enforcement campaigns for occupant protection.
3. Provide child safety seat incentive, distribution and education programs.
4. Provide education for commercial motor vehicle operators on seat belt use.

Laws & Enforcement

5. Utilize resources to promote the enforcement of existing safety belt and child restraint laws.

6. Strengthen current seat belt laws from secondary enforcement to primary enforcement.
7. Institute higher standards for driver education.

Data

8. Collect, analyze, link and disseminate data on motor vehicle crashes specifically occupant restraint.

Objective 2 (Speeding): Reduce the percentage of people who use excessive speed on Rhode Island roadways.

Engineering (i.e., environment and products)

1. Encourage the use of state-of-the-art technology in highway and motor vehicle design.
2. Continue to improve the roadway environment to reduce excessive speed.
3. Identify and improve high-hazard intersections.

Education & Training

4. Provide community-wide information and enhanced enforcement campaigns.
5. Provide education for commercial motor vehicle operators on excessive speed.

Laws & Enforcement

6. Utilize resources to promote the enforcement of existing speeding laws.
7. Institute higher standards for driver education, licensing, and re-licensing.

Data (improve injury data collection)

8. Collect, analyze, link and disseminate data on motor vehicle crashes specifically speeding.

Objective 3 (Impaired Driving): Reduce the number of medically impaired, alcohol-related, and fatigue impaired motor vehicle deaths and injuries.

Engineering (i.e., environment and products)

1. Encourage the use of state-of-the art technology in highway and motor vehicle design.

Education & Training

2. Increase patient counseling on medication effects and interactions that may impair driving ability.
3. Increase health care professionals ability to assess impairment, facilitate counseling, and reporting to registry.
4. Provide senior adults information on potential problems due to physical limitations and on the best ways to improve their personal safety and mobility.

Laws & Enforcement

5. Retest the validity of sobriety checkpoints in Rhode Island and investigate legal changes to allow them if necessary.
6. Increase the number of patrol officers dedicated to DWI enforcement.
7. Strengthen penalties for refusal to submit to a chemical test.
8. Support health care professionals to report medical impairment, including substance abuse.
9. Provide on-going education on motor vehicle laws for all drivers at re-licensing.

Data

10. Collect, analyze, link and disseminate data on motor vehicle crashes specifically impaired driving.

Objective 4 (Pedestrian): Reduce the number of pedestrian deaths and injuries.

Engineering (i.e., environment and products)

1. Integrate pedestrian issues into transportation/land use planning to create and maintain safe and walkable communities.
2. Increase, improve and maintain signs and markings for drivers.
3. Provide funding for pedestrian infrastructure, such as sidewalks and crosswalks.

Education & Training

4. Train law enforcement personnel on traffic violations affecting pedestrian safety.
5. Provide public education for parents to support their children to be safe drivers and pedestrians, and mandate parent component to driver education.
6. Improve elder safety through awareness and retesting programs.

Laws & Enforcement

7. Provide resources to enforce existing laws / targeted enforcement.
8. Support the philosophy of police community involvement throughout RI.
9. Institute higher standards for driver education, licensing, and re-licensing.

Data

10. Collect, analyze, link and disseminate data on motor vehicle crashes specifically pedestrian related.

Objective 5 (Bicycle): Reduce the number of bicycle-related deaths and injuries.

Engineering (i.e., environment and products)

1. Incorporate bicycle lanes and off road paths into transportation/land use planning, especially in site selection for schools, recreation areas and play groups, when feasible.
2. Increase, improve and maintain signs and markings.
3. Provide funding for bicycle infrastructure, such as bicycle lanes and off road paths.

Education & Training

4. Train law enforcement personnel on traffic violations affecting bicycle safety.
5. Provide public education (e.g., public awareness campaign) for bicyclists and for parents to support their children to be safe bicyclists.
6. Train bicyclists about the proper use of engineering enhancements.

Laws & Enforcement

7. Support the philosophy of police community involvement throughout R.I.
8. Hold bicyclists accountable for safe, legal behavior.
9. Make bicyclists a police leadership priority.

Data

10. Collect, analyze, link and disseminate data on motor vehicle crashes specifically bicycle related injuries.

Objective 6 (Motorcycle): Increase the percentage of operators and passengers who always use a motorcycle helmet.

Laws & Enforcement

1. Promote a universal helmet law.

Objective 7 (Infrastructure): Improve the ability of Rhode Island to support motor vehicle injury prevention interventions.

The following recommendations will identify state infrastructure to support motor vehicle injury prevention:

Engineering

1. The Rhode Island Department of Transportation Engineering Division and local highway departments will lead the implementation of the engineering recommendations.

Education & Training

2. The Rhode Island Department of Transportation Office on Highway Safety will lead the implementation of the education and training recommendations.

Laws & Enforcement

3. Rhode Island Department of Health will support an oversight committee, to lead the implementation of the policy recommendations.
4. The Rhode Island Department of Transportation Office on Highway Safety, State Police and local police departments will lead the implementation of the enforcement recommendations.

Data

5. The Rhode Island Department of Health will lead the implementation of the data recommendations.

II. Fall Injury Prevention Task Force Recommendations:

Goal:

To prevent fall injuries to elders living in the community

Key Group:

Senior adults (65-85+) living in the community

Objective 1: Increase the percent of senior adults who exercise on most days of the week to reduce the risk of falls and resulting injuries.

1. Increase awareness and knowledge of fall risk and protective factors related to physical conditioning through media including the web.
2. Partner with existing agencies, health care providers, housing sites, businesses, and relevant university and other education programs to promote regular exercise and skills training to reduce falls and resulting injuries including incorporating it into existing contractual activities.
3. Promote the adoption of targeted home exercise programs to address identified risk factors.
4. Improve collection, analysis, and dissemination of data on the percent of senior adults who exercise.
5. Target senior adults who have had a recent fall.

Objective 2: Improve the safety of the physical environment in senior adult homes.

1. Increase awareness and knowledge of fall risk and protective factors related to the safety of the physical environment, including clothing and assistive devices, to improve safety in the physical environment through media including the web.
2. Identify and promote standardized home falls risk assessments including incorporating them into existing contractual activities.
3. Increase knowledge of existing resources for home modification and assistive devices.
4. Increase resources for home modification and assistive devices.
5. Target senior adults who have had a recent fall.
6. Improve collection, analysis, and dissemination of data on the percent of senior adults who have home safety assessments

Objective 3: Improve the management of health conditions that place senior adults at increased risk of falls and resulting injuries.

1. Increase awareness and knowledge of fall risk and protective factors related to health conditions (e.g., osteoporosis, postural hypotension, and visual impairment) through media including the web.
2. Partner with local health care providers and payers to promote education, screening and management of health conditions that put senior adults at risk of falls and resulting injuries (e.g., decreased bone density, postural hypotension, and visual impairment) including incorporating them into existing contractual activities.
3. Improve collection, analysis, and dissemination of data on the percent of senior adults who receive screenings for health conditions that place them at risk of falls and resulting injuries (e.g., decreased bone density, postural hypotension, and visual impairment).

Objective 4: Increase the percentage of senior adults who have medication reviews to promote medication management.

1. Partner with academic pharmacy programs, pharmacies, senior services, housing sites, and other injury prevention programs to promote regular medication reviews including incorporating them into existing contractual activities.
2. Increase consumer awareness and knowledge of fall risk and protective factors related to medication use and other substance use (e.g., public education campaigns on how to talk to health care providers) through media including the web.
3. Partner with health care providers and health plans to promote medication review and management that reduces the risk of falls and resulting injuries.
4. Identify, review, and modify medication regimens that increase the risk of falls.
5. Improve collection, analysis, and dissemination of data on the percent of senior adults who have medication reviews

Objective 5: Improve the ability of Rhode Island to support fall injury prevention interventions through the identification of state infrastructure.

1. The Falls Injury Prevention Task Force will re-convene in 2005 as part of the Injury Community Planning Group (ICPG) of the Integrated Core Injury Prevention and Control Program (CDC).
2. The stakeholder group (Falls Injury Prevention Task Force), with the oversight of the Rhode Island Department of Health, will further delineate roles to support the development and implementation of infrastructure recommendations.
3. The Rhode Island Department of Health will develop a management / monitoring structure to continuously assess progress towards meeting falls injury prevention objectives, and to seek resources to support implementation.

4. The Rhode Island Department of Health and the Injury Prevention Center (Lifespan), through an ICPG Symposium, will provide a forum to report on the status of falls injury prevention objectives and recommendations, and obtain community input on the development of marketing and fund

III. Suicide Prevention Task Force Recommendations:

Goals:

1. Reduce the suicide rate
2. Reduce suicide attempts

Key Groups:

1. Males 25–45
2. Youth 15-24
3. Older Adults 60+

Awareness Objectives:

Objective 1 (Awareness): To support and affirm people at-risk for death by suicide.

Objective 2 (Awareness): To reduce the stigma associated with having a mental illness and/or seeking services for mental health, substance abuse, and suicide prevention.

Strengthening Individuals:

1. Provide information to individuals and families that increases the acceptability of seeking services and reduces associated stigma.
2. Teach, encourage, and reinforce emotional competence.
3. Provide support groups that build a sense of community.
4. Encourage a safe and nurturing living environment.

Community Education:

5. Educate and assist family, friends, neighbors and others to understand who is at risk for suicide and how to respond to at-risk individuals.
6. Increase awareness of community resources for suicide prevention and provide suicide prevention information on the web.
7. Develop and promote use of common language/terminology related to suicide prevention.
8. Raise awareness about the dangers of over-the-counter and prescription medications and other lethal means.
9. Raise awareness that suicide is a public health problem and that it is preventable through early seeking of help from resources in the community.
10. Conduct a statewide education campaign to increase the acceptability of seeking services and reduce associated stigma.

Educating Providers:

11. Provide training and staff development around suicide issues in relevant community agencies and develop and promote cross-agency use of common language and terminology around suicide prevention.
12. Improve referral knowledge, efficiency, and effectiveness by all who refer, starting with primary care providers.

Fostering Coalitions:

13. Develop partnership with media to provide guidelines on suicide reporting that decrease likelihood of suicide contagion.
14. Partner with community, voluntary and faith-based agencies to increase awareness of services to individuals and families in need and promote suicide prevention.
15. Partner with health care providers and insurers to improve access to services; i.e. Rite Care reimbursement, and private insurers.

Changing Organizational Practices:

16. Increase delivery of effective suicide prevention education programs in organizations/places where individuals and families congregate.
17. Develop criteria for an effective suicide prevention policy (including assessing situation, gun safety, etc.) and advocate for adoption in all healthcare organizations.
18. Assure implementation of such policy and ongoing awareness of suicide prevention policy.
19. Deliver the most cost effective and appropriate level of services to at risk populations (i.e., outpatient vs. in-patient).
20. Ensure effective reentry mental health services for those leaving institutions.

Influencing Policy:

21. Advocate for increased funding to deliver public awareness campaigns.
22. Provide fact sheets to legislators.
23. Advocate for adequate mental health service coverage.

Intervention Objectives:

Objective 3 (Intervention): To improve and expand mental health services delivery.

Strengthening Individuals:

1. Provide information to individuals on existing mental health services and how they can be accessed and paid for.
2. Promote and enhance initiatives that build mental health services capacity.
3. Provide initiatives to strengthen individuals' emotional competency.

Educating Providers:

4. Increase cross training of health and human services providers related to risk assessment, recognition, treatment management, and aftercare of suicidal individuals.

5. Educate providers about utilizing culturally appropriate interventions.

Fostering Coalitions:

6. Improve access to services and reimbursements by building coalitions of state, local, and community-based agencies.
7. Partner with other state agencies to identify common areas of concerns related to mental health service needs of people under their care.
8. Work with community-based agencies to increase awareness of services to individuals and families in need.

Changing Organizational Practices:

9. Expand range of mental health providers eligible for reimbursement.
10. Strengthen resources for volunteer training to increase hotline availability.

Influencing Policy:

11. Implement utilization management guidelines for suicidal risk in managed care and insurance programs.
12. Advocate for adequate reimbursement and coverage for universal, selected and indicated mental health services.
13. Encourage suicide prevention education for all providers seeking licensure.

Objective 4 (Intervention): To increase screening and identification.

Strengthening Individuals:

1. Support and educate peers to identify emergency situations and at-risk peers.
2. Support peers who seek help for their at-risk friends.
3. Provide educational programs for family members of persons at elevated risk.

Community Education:

4. Educate clergy, primary care doctors, nurses, police and fire department personnel and “gatekeepers” to identify at-risk individuals.

Educating Providers:

5. Provide resources (referral information) to providers who identify at-risk individuals.
6. Screen early and often via primary care physicians, home care, school-based care and other health care providers/agencies.

Changing Organizational Practices:

7. Annually review data, and characteristics of completed and attempted suicides to improve screening tools.
8. Design instruments (prompts) for use by primary medical doctors to increase screening.
9. Assess and evaluate validity of existing screening tools to make good choice of tools.

Influencing Policy:

10. Advocate for coverage and reimbursement for routine screening services.

Objective 5 (Intervention): To promote efforts to reduce access to lethal means and methods of self-harm.

Community Education:

1. Disseminate information on lethal means and effective suicide watch methodology learned in institutional settings (e.g. the Training School).
2. Raise awareness during legislation season about gun control bills.
3. Raise awareness through public education campaigns about gun safety measures and gun deaths in Rhode Island.

Educating Providers:

4. Educate providers about the relationship between substance use and other high-risk behaviors and suicide.
5. Educate health care providers and health and safety officials on assessment of lethal means in the home.
6. Disseminate information on lethal means and effective suicide watch methodology learned in institutional settings (e.g. the Training School).

Fostering Coalitions:

7. Establish interagency collaborations around support for gun control and gun safety.
8. Improve communication among providers of health care services.

Changing Organizational Practices:

9. Add gun issues to health care providers policy criteria.
10. Address suicide attempts by over-the-counter and prescription medications with providers and pharmacists; e.g. warning labels for RXs.

Influencing Policy:

11. Develop policy approaches to restricting access to medications in amounts to cause overdose.
12. Advocate for gun control legislation using information on the relationship between a waiting period and suicide.

Methodology Objectives:

Objective 6 (Methodology): To coordinate and expand public health surveillance of suicide and suicide attempts.

Strengthening Individuals:

Community Education:

Educating Providers:

1. Develop case definitions for suicide and suicide attempts.

Fostering Coalitions:

Changing Organizational Practices:

2. Establish objectives of a public health surveillance system for suicide and suicide attempts.
3. Using CDC criteria determine the utility and feasibility of various data sources or data collection mechanisms for the surveillance of suicides and suicide attempts among Rhode Islanders (Medical Examiner Files, Hospital Discharge Data, Emergency Department Data, Emergency Medical Service run reports, Poison Center Data, School-Based Health Center Data, Child Death Review Team database).
4. Develop data collection instruments if not already developed.
5. Develop field test methods.
6. Develop and test analytic approach.
7. Develop dissemination mechanism.
8. Support use of analysis and interpretation.

Influencing Policy:

Objective 7 (Methodology): To promote and support culturally relevant research on suicide and suicide prevention.

Strengthening Individuals:

Community Education:

1. Review literature on the impact of emotional competency/character education etc. on suicide and suicide attempts or affiliated risk behaviors (e.g. dropping out of school, getting into trouble, etc).
2. Evaluate outcomes of students referred by counseling and support services.

Educating Providers:

3. Research and evaluate the potential role and effectiveness of conducting psychological autopsies in Rhode Island, given the other source of data available.
4. Research the effectiveness of treatments for suicidal risk.
5. Evaluate the impact of existing primary prevention programs (e.g. emotional competency, character education, and social/emotional education) on suicide and suicide attempts at Rhode Island hospitals.
6. Evaluate the accuracy of E-coding (categorizing of injuries and intent) suicide attempts at Rhode Island hospitals.

Fostering Coalitions:

Changing Organizational Practices:

7. Evaluate suicide prevention interventions.

Influencing Policy:

8. Clarify risk and protective factors specific to different populations (demographics, SES, religion, participation in extra-curricular activities, etc.)

Infrastructure Objective:

Objective 8 (Infrastructure): To improve the ability of Rhode Island to support suicide prevention interventions.

The following recommendations will identify state and partner infrastructure to support suicide prevention:

Strengthening Individuals:

Community Education:

1. The Suicide Prevention Task Force will re-convene in 2005 as part of the Injury Community Planning Group (ICPG) of the Integrated Core Injury Prevention and Control Program (CDC).
2. The stakeholder group (Suicide Prevention Task Force), with the oversight of the Rhode Island Department of Health, will further delineate roles to support the development and implementation of infrastructure recommendations.

Educating Providers:

Fostering Coalitions:

3. The Rhode Island Department of Health and the Injury Prevention Center (Lifespan), through an ICPG Symposium, will provide a forum to report on the status of suicide prevention objectives and recommendations, and obtain community input on the development of marketing and funding strategies.

Changing Organizational Practices:

4. The Rhode Island Department of Health will develop a management / monitoring structure to continuously assess progress towards meeting suicide prevention objectives, and to seek resources to support implementation.

SRI COMMITTEE MEMBERSHIP LISTS

Rhode Island Injury Advisory Council Membership

Injury Advisory Council Chair:

Patricia Nolan, MD, MPH
Rhode Island Department of Health, Director, 1995-2005

Injury Advisory Council Members:

Suzanne O. Carcieri
First Lady of Rhode Island

Trudy Coxe
Chief Executive Officer
The Newport County Preservation Society

The Honorable Thomas J. Izzo
Former Rhode Island State Senator

The Honorable Patrick Lynch
Attorney General
State of Rhode Island

Pablo Rodriguez, MD
Chairman of the Board
The Rhode Island Foundation

Rhode Island Fall Injury Prevention Task Force Membership

Fall Injury Prevention Task Force Co-Chairs:

Germaine S. Dennaker, MA
HEALTH – SAFE Rhode Island, Unintentional Injury Program Coordinator

Beatriz Perez, MPH
HEALTH, SAFE Rhode Island, Program Manager

Fall Injury Prevention Task Force Members:

David Barricelli, Jr.
BC/SH of Rhode Island

Susan Bicehouse
Picerne Properties

Peter Blanpied
URI - Kinesiology/Physical Therapy

Pat Burbank
URI – College of Nursing

Maureen Claflin
Quality Partners of Rhode Island

Kathleen Connell
AARP of Rhode Island

Anne Marie Connolly
URI – Exercise Program

Ann Gardella
AARP of Rhode Island

Sue Jameson
VNS Home Health Services

Celeste Ruggieri Jones
Eleanor Slater Hospital/URI

Eliza Lawson
HEALTH – Initiative for a Healthy Weight

James Lawson
Memorial Hospital of Rhode Island/ASA

Donald E. Letendre
URI – College of Pharmacy

Maureen Maigret
Lieutenant Governor's Office

Thomas Manfredi
URI – Exercise Science

Sharon Marable
HEALTH – Assistant Medical Director

Elyse Marcotte
Alliance for Better Long Term Care

Maria Matias
HEALTH – Diabetes Control program

Ellen Mauro
Rhode Island Department of Human Services

Norma Owens
URI – College of Pharmacy

Carole Panos
Warwick Senior Services

Paula Parker
Rhode Island Partnership for Home Care

Gail Patry
Quality Partners of Rhode Island

Delia Rodriguez-Masjoan
Rhode Island Department of Elderly Affairs

Susan Scaccoccia-Olson
BC/BS of Rhode Island

Rita St. Pierre
Alzheimer's Association

Bonnie Sekeres
Shalom Housing

Motor Vehicle/Transportation Injury Prevention Task Force Membership

Motor Vehicle / Transportation Injury Prevention Task Force Chair:

Beatriz Perez, MPH
HEALTH - SAFE Rhode Island, Program Manager

Motor Vehicle / Transportation Injury Prevention Task Force Members:

Joseph Almeida
Rhode Island State Representative

Sue Barker
MADD

Gabeielle Abbate
Greenways Alliance

Dick Bidwell
Grey Panthers

Emilio Colantonio
CCRI

Michael Damiani
State Senator

Kazem Fahoumand
Rhode Island Department of Transportation

Joyce Faraone
Trial Lawyer

Allan Fung
Metlife

June Gibbs
Rhode Island State Senator

James Howe
Trial Lawyers Association

Janice Loiselle
Rhode Island Department of Transportation

George Mason
Attorney General's Office

Joseph McNamara
Rhode Island State Representative

Michael Mello
Providence Safe Communities

Robert Murray
AAA

Robert Perello
AARP

Dr. Dawn Richardson

Chief David Smith

David Tremblay
Rhode Island Governor's Policy Office

Suicide Prevention Task Force Membership

Suicide Prevention Task Force Chair:

Beatriz Perez, MPH
HEALTH - SAFE Rhode Island, Program Manager

Suicide Prevention Task Force Members:

Cheryl Dickeson
RI Training School

Norm Dupont, PhD
MHRH

Harry Friedman
Community Advocate

Jane Hudson
Capitol City

Katie Gates
Providence College

Elizabeth Laposata, MD
HEALTH, Office of the State Medical Examiner, Chief, 1994 - 2005

George McDonough
RI Dept of Education

Wendy Verhoek-Oftedahl, Ph.D.
Brown University, Assistant Professor

Denise Panichas
The Samaritans of RI

Jan Shedd
HEALTH – Office for Families, Youth, and School Success, Chief

Tony Spirito, Ph.D.
Brown University

Deb Stone
Suicide Prevention Resource Center

Marie Strauss
RI Dept of Elderly Affairs

Jennifer Almeida, MPH
HEALTH - Safe Rhode Island Program, Injury Epidemiologist

Germaine Dennaker, MA
HEALTH - Safe Rhode Island Program, Unintentional Injury Program Coordinator